Docket	No.:	

APPLICATION FOR UNITED STATES PATENT **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:
My residence, post office address and citizenship are as stated below next to my name; that

I verily believe inventor (if plural invention entitled:	I am the original, first a entors are named below	and sole inventor (if only one name) of the subject matter which is class	is listed below) or an original, first and med and for which a patent is sought on				
INSTRUCTION FOR	M EXECUTION AP	PARATUS, INSTRUCTION	FORM MANAGEMENT				
APPARATUS INSTR	UCTION FORM M	ANAGEMENT SYSTEM, IN	STRUCTION FORM, AND				
INSTRUCTION FOR							
described and claimed in th							
Check one	•						
	ed hereto.						
		as Application Serial No.	and				
amended o (if applica	ble)	 ·					
I hereby state th	at I have reviewed and	I understand the contents of the ab	ove-identified application, including the				
claims, as amended by any I acknowledge t defined in Title 37, Code of	he duty to disclose to	the Office all information known	to me to be material to patentability as				
Under Title 35 Uprovisional application(s) fi	J.S. Code § 119, the placed within one year price	priority benefits of the following foor to this application are hereby claim	reign application(s) and/or United States med:				
Japanese Patent A	Application No. 200	3-081198, filed on March 24, 2	2003				
the United States of Amer	ica either (a) more the	or inventor's certificate on this inv an one year prior to this applicati United States provisional application	ention were filed in countries foreign to on, or (b) before the filing date of the on(s):				
this application and to trans	act all business in the P	atent and Trademark Office:	substitution and revocation to prosecute				
James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;							
	_	33,565; and Caroline D. Dennison,					
ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.							
herein of my own knowled further that these statement by fine or imprisonment.	lge are true and that a s were made with the lor both, under Section	ll statements made on information mowledge that willful false statement	Declaration, and that all statements made and belief are believed to be true; and ents and the like so made are punishable States Code and that such willful false				
Typewritten Full Name	Akira		HIROSE				
of Sole or First inventor:	Given Name	Middle Initial	Family Name				
**Inventor's Signature:	/ \	Kira Niroze	•				
**Date of Signature:		5/14/2004					
· ·		Month Day	Year				
1(051001100.	wasaki-shi	Kanagawa	Japan				
City	Japan	State of Province	Country				
Citizenship:		erox Co., Ltd., 2-1, Sakado 3-c	chome.				
Post Office Address: (Insert complete mailing address, including country)		n, Kawasaki-shi, Kanagawa, Ja					

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "×" HERE ☒

^{*}This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

^{**}Note to Inventor: Please sign name exactly as it appears above and insert the actual date of signing.



PAGE 2 OF U.S.A. DECLARATION FORM

Typewritten Full Name of Second Joint invento		Tomonari					YAMAUCHI
•		Given Name			Initial		Family Name
**Inventor's Signature:		Tomora	· 1	inous dy	TY	5/14/2004	Tomongi Yamanchi
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_			Month	**	Day	<i>,</i>	Year
Residence:	Kawasaki-s	<u>hi</u>		Kanagawa			Japan
	City	T	•	State of Prov	ince		Country
Citizenship:		Japan		T 1 0 1	0.1.1	2 -1	
Post Office Address: (Insert Complete mailing address, including country)		c/o Fuji Xerox Co., Ltd., 2-1, Sakado 3-chome, Takatsu-ku, Kawasaki-shi, Kanagawa, Japan					
Typewritten Full Name of Third Joint inventor:		Yasuo					TANAKA
		Given Name		Middle	Initial		Family Name
**Inventor's Signature:		Yasuo					Taraka
**Date of Signature:		5//	4/20	04			
			Month	T.	Day	Y	Year
Residence:	Kawasaki-s	hı		Kanagawa			Japan Country
	City	I.m.	i	State of Prov	ince		Country
Citizenship:		Japan		7.4 2.1	Caleada	- 2 ab ama	
Post Office Address: (Insert Complete mailing address, including country)	c/o Fuji Xerox Co., Ltd., 2-1, Sakado 3-chome, Takatsu-ku, Kawasaki-shi, Kanagawa, Japan						
Typewritten Full Name of Fourth Joint inventor	r :	Given Name		Middle	e Initial		Family Name
**Inventor's Signature:							
**Date of Signature:			Month		Day	у .	Year
Residence:	City	State of Province		Country			
Citizenship:							
Post Office Address: (Insert Complete mailing address, including country)					· · · · · · · · · · · · · · · · · · ·		
Typewritten Full Name of Fifth Joint inventor:		Given Name		Middle	e Initial		Family Name
**Inventor's Signature					- Initial		
**Date of Signature:			Month		Da	у	Year
Residence:				State of Prov	ince		Country
	City			State of Prov	THE		Country
Citizenship:							
Post Office Address: (Insert Complete mailing address, including country)							

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.

^{**}Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.